

Los Angeles County Dept. of Mental Health

Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☐ Psychology
☐ Practicum
☐ Clerkship/Internship
☐ Externship
☒ Social Work
☐ Specialization: Mental Health
☐ Macro/Administrative
☐ MFT
☐ Occupational Therapy
☐ Other (specify): _____

Service Area

5

DMH Agency:	Edelman Westside Mental Health Center
DMH Agency Address:	11080 West Olympic Boulevard Los Angeles, CA 90064
Agency Liaison:	Abby Chappell, LCSW
New or Returning	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
Liaison Email Address:	achappell@dmh.lacounty.gov
Liaison Phone Number:	310-966-6539
Liaison Fax Number:	310-473-0831
Agency ADA Accessible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

Student Requirements:

How many positions will you have?	5
Beginning and ending dates:	According to school calendars

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference –program operates 5 days per week**

Monday	Clinic is open 8-5, M-F
Tuesday	
Wednesday	Students must be here on Wednesday
Thursday	
Friday	

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

Monday	
Tuesday	
Wednesday	Students must be here on Wed:SM,TR
Thursday	
Friday	
Total hours expected to be worked per week:	20 hours/2nd year, 16/1 st year
How many clients would the student have at one time?	8-10 / 2 nd year, 6/ 1 st year

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What cultural groups and language services are provided at your site?	Latino, African American, Middle Eastern, Caucasian, Asian, Canadian, European
What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?	Full academic year, including holidays, exceptions made in emergency situations. Agency has county holidays off in addition to school breaks. No more than 3 weeks off for winter break.

Provide a short description of your site and services offered:

Edelman Westside Mental Health Center adult Clinic is a directly operated clinic of County of Los Angeles' Department of Mental Health. We provide mental health services including case management, psychiatric services, individual psychotherapy, group therapy, occupational services, peer support, etc. We strive to promote hope, healing, and empowerment to consumers and their families. In partnership with the community, we provide services and linkage to resources that enable individuals to forge full and meaningful lives.
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Students will provide services for (please check all that apply):

<input checked="" type="checkbox"/> Individuals	<input checked="" type="checkbox"/> Consultation/Liaison
<input checked="" type="checkbox"/> Groups	<input checked="" type="checkbox"/> Psycho-Educational Groups (e.g. Parenting)
<input checked="" type="checkbox"/> Families	<input checked="" type="checkbox"/> Community Outreach (may be some possible)
<input type="checkbox"/> Children 0-5	<input checked="" type="checkbox"/> FSP (possible)
<input type="checkbox"/> Children & Adolescents	<input type="checkbox"/> FCCS
<input checked="" type="checkbox"/> Adults	<input type="checkbox"/> Specialized Foster Care
<input checked="" type="checkbox"/> Older Adults	<input type="checkbox"/> AB109
<input checked="" type="checkbox"/> Court/Probation referred	<input checked="" type="checkbox"/> Veterans

Evidenced Based Practices/Promising Practices offered at your agency:

<input type="checkbox"/> Child-Parent Psychotherapy	<input checked="" type="checkbox"/> Seeking Safety
<input checked="" type="checkbox"/> Crisis Oriented Recovery Services	<input type="checkbox"/> Trauma Focused Cognitive Behavioral Therapy
<input checked="" type="checkbox"/> Dialectical Behavior Therapy	<input type="checkbox"/> Triple P – Positive Parenting Program
<input type="checkbox"/> Families OverComing Under Stress	<input checked="" type="checkbox"/> Other (Specify) : CBT for Depression, Individual CBT
<input type="checkbox"/> Managing and Adapting Practices	<input type="checkbox"/> Other (Specify): Prolonged Exposure Therapy

Students will provide (please check all that apply):

<input checked="" type="checkbox"/> Brief Treatment	<input checked="" type="checkbox"/> Screening and Assessment
<input checked="" type="checkbox"/> Long – Term Treatment	<input checked="" type="checkbox"/> Crisis Intervention
<input type="checkbox"/> For Psychology Students Only: Testing percentage: Treatment percentage:	

What are the most frequent diagnostic categories of your client population?

Schizophrenia, Schizoaffective, Bipolar, Major Depression, Severe Anxiety, Personality disorders, And Dual Diagnosis.

What specific training opportunities do students have at your agency?

Weekly In-House Clinical Training Program, Multi-disciplinary Team Meetings

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What theoretical orientations will students be exposed to at this site?

Psychosocial Rehab, CBT, Psychodynamic, Family Systems, DBT, Seeking Safety, IPT

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Each student will be part of a multidisciplinary team including, MD, RN, LCSW, MSW, BA, Peer Advocate, PhD., N.P., MFT, PT

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☒

No ☐

List locations where students will be providing services **other than agency?**

Daybreak Drop In Center, OPCC/Clare/Community Outreach, EXODUS MH Urgent Care Center

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☒

No ☐

Supervision:

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1.5	MSW/LCSW
Group	2-3/month	MSW/LCSW
Individual & Group		

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☒ California Board of Behavioral Sciences

☒ California Board of Medical Examiners

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☒

No ☐

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

Yes ☒

No ☐

Students will be evaluated through (please check all that apply):

☒ Direct observation by clinical staff of student's

☒ Review of audio or video recording of student's

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clinical work	sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify): _____

Selection of Students:

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒

No ☐

Open House will be scheduled for the Spring

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☒

No ☐

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐

No ☒

If yes, please specify: _____

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

This is a clinically intensive placement, we prefer 2nd Year Students, but will consider a 1st Year Student based on their level of experience, and referral from school liaison.

Agency Application Process

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☒

No ☐

If yes, please specify

All DMH paperwork must be submitted to DMH HR before student can have LIVESCAN and be processed to begin placement.

Please specify dates your agency accepts students within guidelines of the schools

Supervision will be in compliance with professional standards established by the following:

☐ APPIC

☐ AAMFT

☒ NASW

☐ Other (specify): _____

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Name: Abby Chappell, LCSW Title: SPSW

Supervisors: Name: Nilsa Gallarado, PsyD Title: Program Head

Date of Completion: 2/18/2016